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Original Communications.

A Case of Poisoning by Tincture of Aconite.

By John T. Darby, M. D.

Resident Physican at the Philadelphia Hospital.

On November 11th, 1858, Susan Conly, æt 49, was admitted into the surgical wards of the Philadelphia Hospital, with an indolent ulcer of the leg. This woman was intemperate in her habits, and a confirmed opium eater.

At 9 o'clock, on the night of December 31st, she was taken suddenly ill. My colleague, Dr. Richardson, was called to relieve her. He found the patient in violent spasms, pulse scarcely perceptible, respiration slow and stertorous, with the pupils dilated to their full extent. This condition was brought on by her swallowing a liniment composed of equal parts of olive oil, tincture of opium, and tincture of aconite. The quantity taken was three ounces. The oil was first poured off to take what she supposed to be laudanum, when, finding her mistake, the oil was taken to prevent any ill effect. She was seen by Dr. R. in half an hour from the time that the liniment had been swallowed in the condition described. An enema, composed of equal parts of oil, molasses, salt and turpentine in a pint of water was given, hot pediluvia, with the application of sinapisms to the feet and over the region of the heart. As soon as reaction was brought about, two ounces of wine of ipecac. was promptly given, which not acting, large draughts of warm water, with mustard produced violent emesis and thoroughly emptied the stomach. The circulation became more feeble from the action of the emetics, and with difficulty could the ear detect the pulsations of the heart; a stomach pump would have been used but there was not one at hand. The convulsions numbered thirteen, and continued until 12 o'clock. Friction was used to the arms, legs and body, with dry mustard, and the circulation was thus kept up until morning, when I took charge of the case.

On visiting the patient at 9 o'clock in the morning, twelve hours after the commencement of the attack, I found her much prostrated, circulation feeble, the mind clear, the pupils dilated, total loss of sight, and slight convulsive twitchings of the extremities, but no distinct convulsion. Carbonate of ammonia was given in five gr. doses every hour with milk punch. For four days this treatment was continued, when she became sufficiently strong to require less stimuli, and relish food. She was unable to see for four days, though her mind was clear throughout the whole attack, except during the convulsions.

A singular feature in this case was the fact, that she recovered the sight of the right eye in four days, whilst the pupil of the left eye was dilated and there was a total loss of sight in it for ten days. This case is interesting from the infrequency of seeing symptoms produced by over doses of this powerful arterial sedative, as well as that a recovery should have been brought about when an ounce of it had been so recklessly swallowed.

The patient has been discharged from the house in as good health as we generally see in those addicted to the use of opium.

A man died of hydrophobia a few days ago in this city, who had been bitten two weeks previously by a tame fox.

Acute Capillary Bronchitis.

(Occurring in Philadelphia Hospital.)

Reported by THOS. W. FOSTER, M. D.,

Resident Physician to the Almshouse.

Mary Jane ——, æt. 25, temperate habits, nervous temperament, had been complaining for more than a week. On the 10th of February found her suffering with oppressed breathing and soreness about the chest; flushed face; pulse 120, and respirations 75 per minute; sibilant and sub-crepitant râles, the latter being extensively heard, both anteriorly and posteriorly.

Ordered six drops of the tinct. of veratrum viride, to be increased one drop every three hours, till vomiting is produced, then continue half the maximum dose, at the same intervals.

At 5 o'clock, P. M., a free ejection of green fluid, mingled with tough mucous, from the influence of eight drops of veratrum. Pulse reduced to 80, and respiration to 50 per minute. Ordered wine, and a sinapism of mustard to the epigastrium.

11th. 9 o'clock, A. M. The veratrum not having been administered after bed time, the pulse had risen to 120, and the respirations to 65 per minute. Less of the sibilant and sub-crepitant râles; indeed the former had almost disappeared. Ordered the tincture, as the day previous, together with 5 grain powders of carb. of ammonia, every three hours; 4 cups between the scapulæ.

Emesis in the evening. Pulse 80; respirations 40 per minute, with less difficulty in breathing. Continued the same course, with the addition of a blister to the superior portion of the thorax, till the 15th; cups to the posterior part of the chest.

11 P. M. Pulse 70, respiration nearly natural.

17th. Alvine evacuations too frequent. Ordered 3 grains of calomel and 8 grains of Dover's powder at night.

18th. Has not been nauseated for two days; sputa more scant; with harder cough. Ordered the addition of 3 grains of ipecac. to each powder of carb. of ammonia; omitted the veratrum during the day, but gave it in emetic doses at night.

Up to this time, the 19th, allowed her the free use of wine. She now has a craving desire for whisky, of which I ordered 6 ounces per day, in consequence of her great prostration. Debility has been a prominent symptom from the first.

20th. Much less of the subcrepitant râles, being replaced by fuller and softer sounds. Withdrew the veratrum, and substituted:

℞. Syr. scillæ comp.
" ipecac.
" tolu āā f ℥j.
Tinc. lobeliæ. M.

Sig. Half a tablespoonfull when the cough is troublesome. Dover's powder, 8 grains at night.

23d. Strength and appetite improving. Takes freely of oyster soup. Decreased the amount of stimulants gradually, till now, the 24th; there is scarcely any cough; no abnormal sounds in the thorax, and the patient is fast regaining her strength, under the use of comp. tinc. cinchona.

The progress of this case has impressed me with the benefit to be derived from free emesis, every day, and the great necessity for stimulants during the stage of prostration, there being more danger to be apprehended from debility than from the inflammation.

This is the first case of acute capillary bronchitis in which I have tried the tinc. of veratrum viride. It is certainly not so well adapted to this disease as to pneumonia and typhoid fever. If it is desirable, I will, in a future article, give my experience with this remedy.

RESTRICTIONS ON POISONING.—A bill has passed one branch of the British Parliament to regulate the keeping and sale of poisons generally.

It has been found that the law regulating the sale of arsenic, has diminished the mortality from the accidental and criminal use of that article to about one-third of what it was formerly. But it is ascertained that other poisons are now being substituted.

When a purchase of arsenic is made, the fact of the sale, names of parties, etc., must, according to the present law, be registered.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. W. W. Gerhard.

WEDNESDAY, FEBRUARY 23.

Aneurism of the Aorta.—CASE 1. This patient, a seaman, aged 64 years, was violently struck upon the breast about five years ago; whether or not this injury had any effect in determining the organic disease of the aorta, under which he is laboring, we cannot now decide; it may be of interest and value to remark, that the next patient traces his affection to an injury received. About a year ago this patient first complained of palpitation of the heart.

Of course, if a patient comes to you laboring under palpitation of the heart, you examine the chest; to do this systematically, you first resort to *inspection*, that is, an examination by the eye, of the shape, size and movements of the chest; Secondly, to *palpation* or the touch, a name applied to the application of the sensitive hand to the walls of the chest, by which means the non-existence of any normal tremor or pulsation, or the existence of any abnormal thrill, vibration or fluctuation, is ascertained; Thirdly, to *percussion?* this process consists in striking upon the surface, with the view either of eliciting sound, or of producing fluctuation or vibration in liquids, by which this presence may be detected; and fourthly, to *auscultation*, or the listening to the sounds developed in the interior of the body.

We shall now apply each of these aids to diagnosis.

Inspection.—At present there is probably no abnormal pulsation or movement perceptible to the eye, but on taking exercise a strong pulsation is perceptible on the right side of the chest, about an inch and a half below the clavicle, and the same distance from the sternum.

Palpation.—Upon placing the hand upon the spot above marked out, a peculiar tremor is conveyed to it.

Percussion.—There is a slight dullness in this portion of the chest.

Auscultation.—There is a double blowing sound.

Diagnosis.—There is but one affection that will explain all these symptoms, this is aneurism of the aorta.

The aneurism in this patient is probably situated deep in the thorax, we infer from the fact that percussion reveals but a slight alteration from the natural resonance.

Treatment.—In consequence of the frequency of the pulse, we shall give Tr. Digitalis.

CASE 2. The appearance of this man is that of a person in perfect health; he is a seaman, about 42 years of age, and is not habitually intemperate.

About 9 or 10 years ago he received a blow on the breast, in consequence of which he was confined to his bed for five weeks. Since then he has had palpitation of the heart, and a constant cough; when quiet he is not troubled with shortness of breath, but upon exerting himself, orthopnœa comes on.

His pulse imparts a peculiar sensation, it is throbbing and irregular—that is, the pulsations are not of uniform strength.

Inspection.—Upon the right side of the chest, below the clavicle, and about an inch from the sternum, there is a throbbing motion.

Palpation.—Upon pressing the finger behind the clavicle, the pulsation of the subclavian is felt, much stronger than in health.

Percussion reveals the existence of an area of dullness at least two inches in extent, in the position of the pulsation before alluded to.

Auscultation.—A double rasping sound very distinct between the second and third ribs, on the right side; this sound can be traced downwards as far as the fifth rib. In the region of the mitral valve there is also a rasping sound, indicating disease of the valve.

On account of the very great extent of this aneurism, we infer that it is probably one of the so-called dissecting aneurisms. There has probably been a rupture of the lining membrane of the artery, through which the blood has passed, forcing its way behind the lining membrane.

CASE 3. Has been in the Hospital for two years. During this period he has had several attacks of dropsy, and of pneumonia.

The aneurismal symptoms the same as in the 1st and second cases.

SATURDAY, FEB. 26.

Service of Dr. Gerhard.

Disease of the Brain.—The patient, a young woman of about 30, complains of excruciating paroxysmal pain in the head. We infer that there is a growth in or upon the brain, inasmuch as tumors of the brain are usually accompanied by paroxysmal pain, and we have not a single symptom indicating inflammation or other affection of the brain.

A day or two ago the urinary functions became deranged, the urine being much less in quantity; stupor followed, which was attributed to the suppression of urine.

Treatment.—Rest, ice to the top of the head, cups and blisters to the neck, and potass. bitart. in juniper-berry tea.

Post-Mortem of Aneurism—Case No. 3.—The patient died apparently of suffocation. Liver, presented the striking appearances of Cirrhosis—rough, uneven, nodulated, cuts with great difficulty. Upon the right lobe there was a spot resembling Medullary Cancer. [Dr. Smith will place the specimen under the microscope.]

Spleen, enlarged and soft.

Aorta was most extensively diseased, the coats having undergone degeneration.

The aneurism diagnosed during life, existed upon the anterior surface of the aorta, and was filled by a firm, solid clot.

Service of Dr. Peace.

FEBRUARY 23—26.

Amputation of the Arm.—In consequence of the premature explosion of the charge arranged for blasting rocks, this patient received a most severe injury of the elbow-joint—a fragment of stone having been driven into the joint, tearing the soft parts most extensively, and fracturing the olecranon and one of the condyles of the humerus.

Upon consultation, amputation was decided upon.

Dr. Peace, invariably prefers the circular method of operation. The skin and fat down to the fascia are completely divided by one circular sweep of the knife; the skin is then dissected from the fascia, and forcibly retracted; one sweep of the knife divides the muscles to the bone.

The great value of this method is that the arteries and nerves are divided at right angles and not obliquely, as in the flap method—thus greatly facilitating the ligating of the arteries.

Severe Injury.—This patient, whilst at work, had his limb most fearfully injured, in consequence of a heavy piece of coal, detached from the roof of the cave in which he was engaged, falling upon his foot. There is a compound fracture of the os calcis, and of the lower third of the tibia and fibula; there is also an injury of the knee-joint of an obscure character, there being crackling on pressure, and great swelling. In view of this last, with the previous bad habits of the patient, the consulting surgeons have been induced not to recommend at present the amputation of the affected limb.

Perineal Abscesses.—This man fell, about a year ago, upon the pavement, with his limbs wide apart, striking his perineum. Since that time many large abscesses have formed in and around the perineum. The patient is, in consequence of the pain and discharge, excessively emaciated. The finger introduced into one of the fistulous orifices from the inner part of the thigh towards the tuber ischii detects small pieces of dead bone.

Treatment.—Flaxseed poultice, and attention to the strength of the patient.

Obscure Disease of the Spermatic Cord.—Dr. Peace has several times exhibited to the class a man laboring under hydrocele—for this, at one of the clinics, the operation of tapping was performed. But in addition to this affection, there is a swelling in the course of the cord, which, from its position, and from the sensation it gives to the touch, seems to be of an anomalous character. The patient has been under treatment in a number of hospitals in Europe and America; but no surgeon ventured upon an operation.

Dr. Peace, after a most careful investigation of the case, resolved to cut down upon the swelling. The ordinary operation for hernia was performed, and with unusual skill and precision. Through layer after layer the knife almost instinctively worked its way—at last the sac of the growth, or swelling, or whatever it is to be called, was reached, and upon puncture, was found to contain a serous fluid.

A seton was passed through the sac, and the edges of the wound brought together by suture and adhesive plaster.

PHILADELPHIA HOSPITAL.

Service of Dr. D. Hayes Agnew.

Reported by Thomas L. Taylor, M. D.

Ophthalmia Tarsi.—This patient, a young man, had been laboring under the affection for more than a year. The history of such cases consists in an inflammation of the tarsal conjunctiva, which long continuing unchecked, produces thickening from the lymph deposited in the submucous tissue, extending also into the meibomian glands. In this case we have eversion of the lid, resulting in part in thickening, but more particularly in the contraction of the excoriated surface beneath the eye-lid, produced by the irritating character of the tears and pus.

The treatment appropriate to the case after such structural changes have taken place, must be alterative, such as will produce the removal of the thickening; the eversion will disappear as this progresses. To accomplish this, an ointment was directed as follows:

℞ Ung. hydrarg. oxidi rubri ʒij.
Pulv. opii. gr. ij. M.

A small portion to be rubbed on the edge of the lid every night. All stimuli must in such cases be avoided, and a liberal but unirritating diet allowed. Where there is reason to believe there exists some constitutional vice, as scrofula, you should administer some of the preparations of iodine in combina-

tion with iron, as the liquor iod. ferri, or cod liver oil. Care should also be observed in the mornings not to forcibly separate the eye-lids, glued as they are together by the purulent discharge. The parts must be well bathed in mucilage of sassafras.

Enlarged Tonsils.—This woman has had frequent attacks of tonsilitis, excited, it is believed, by secondary syphilis. The one on the left side projects beyond the arches of the fauces, is indurated, not inflamed, and almost destitute of sensibility. It may be considered, therefore, a proper subject for removal. Only a portion need be excised which was done by the tonsilotome. Hemorrhages, save in cases where an inflamed condition exists, are rare. The use of astringent gargles, such as alum or tannic acid, will generally stop any oozing. If not, the application of tinct. ferri chlor., the actual cautery, or compression by ligature or forceps.

Operation for Artificial Pupil.—This patient had some time since a violent iritis which had blocked up the pupil. He had also opacity of the cornea, from which causes, (the other having been lost,) he is reduced to blindness. Having a little space in the upper part of the cornea clear, the opening must be made in the iris opposite. With this view, a delicate iris knife was carried into the posterior chamber, a line behind the junction of the cornea and sclerotic coats, pushed through the iris from behind forwards, and a crucial incision made. The brow and eye-lid were ordered to be rubbed with belladonna, in order to dilate the opening and keep it in that condition. Minute doses of calomel with belladonna were ordered, to counteract the tendency to iritis.

Anchylosis of Knee Joint.—A young woman, 25 years of age, was brought forward with the leg strongly flexed upon the thigh. There was great immobility, the joint admitting of scarcely any movement whatever. This case is one of eight or ten months' standing. The history proves this to have been one of arthritis, which, among adults, is probably the most frequent cause. The patella appears to be fixed, but the position of the limb is such as to render the positive fixation of it uncertain. There is little if any pain, no unnatural heat or swelling about the articulation. The structures implicated here are both within and without the joint. Within it is probably nothing more than bands of fibrous tissue developed from the products of the arthritis. Without, the contraction or shortening of the hamstring muscles and fascia on the back of the thigh. There are two ways in which this limb may be straightened; by the division subcutaneously of the contracted parts, and then forcibly extending and breaking up all resisting obstacles: or, by the application of a splint, with a movable angle acted on by a strong screw, gradually making the angle more and more obtuse. In this case I have no hesitancy in preferring the latter course; if it cannot be accomplished, then division of the tendons will be performed. The splint was applied on the posterior part of the leg and thigh, and the screw run down until the patient complained of pain.* Every day it will be tightened.

Tumor in the Popliteal Space.—A strong, healthy looking Irish woman, with a swelling in the ham, was brought before the class. She complained also of deep-seated pain in the calves of the limb. When the leg is extended on the thigh, the suffering is increased. She attributes the swelling to a fall received several weeks ago. The tumor is liable to be confounded with aneurism, but there is no pulsation; it is situated too near the outer part of the ham, can be isolated from the surrounding parts, and no numbness of the parts below is complained of. The soreness commenced in the leg, below; the swelling succeeded. It is believed, therefore, to be enlarged lymphatic glands from the inflammation below. We have to contend with what threatens to be a deep-seated abscess; leeches may therefore be applied, followed by a blister; the limbs to be placed at rest, and elevated.

Stricture of Urethra and Rupture.—A man, aged 50 years, had been troubled with urethral stricture. Several months since, in endeavoring to overcome it by an instrument, he lacerated his urethra. The urine extravasated into the cellular tissue of the penis and scrotum. A catheter has been kept a long time in the bladder, and yet the lesion has not healed. There is considerable induration along the under part of the corpus spongiosum, and also the evidence of a sack communicating with the urethra. The being patient placed in the ordinary position for lithotomy, a grooved staff was carried along the canal until it came in contact with the contracted portion; it was then cut down upon from the outside, the stricture completely divided so that the catheter could be carried without difficulty into the bladder. The wound would be dressed by lint, so as to secure granulation from the bottom. The cause of its not healing was in consequence of a thickened pouch formed out of the cellular tissue communicating with the urinary canal.

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* This limb is now almost entirely straight.

UNIVERSITY OF PENNSYLVANIA.

SATURDAY, FEB. 19.

Service of Dr. Henry H. Smith.

Atrophy of the Deltoid Muscle—Application of Electricity.—The case of atrophy of the deltoid muscle, described in the REPORTER for February 19th, p. 367, was again brought before the class, and a current of electricity applied after the manner then directed. One pole of the battery being placed above the clavicle and the other upon the inside of the arm, so that the current might pass in the course of the axillary nerves.

This application will be repeated from time to time.

Operation for Hare-lip.—The child described in last week's reports, as laboring under single hare-lip on the *right side*, without fissure of the palate, was then brought before the class, and operated upon in the usual manner. The wound has since healed by the first intention, and the little patient has done remarkably well.

WEDNESDAY, FEB. 23.

Service of Dr. Henry H. Smith.

After Treatment of the Operation of Excision of the Mammary Gland.—The woman, whose breast had been excised a week previously, was brought before the class to demonstrate the after treatment. This patient has done exceedingly well, and the wound exhibits a fine healthy, granulating surface, which promises speedy cicatrization. The dressing of dry lint previously applied had not been removed until it was loosened by the establishment of free suppuration; and since, the granulating surface had been dressed by a cerate cloth, and slight compress, retained in place by a handkerchief bandage.

Scirrhus of the Parotid.—An old woman, 62 years of age, had suffered for a year from a hard, painful tumor behind the angle of the jaw.

The tumor, which evidently involved the parotid gland, was of small size, of stony hardness, and firmly adherent to the surrounding parts. The lymphatic glands of the neck were also enlarged, and formed tumors of great density which varied from the size of a walnut to that of a chestnut. The tumor of the parotid was adherent to the skin which was somewhat puckered. The patient complained of difficulty in swallowing, due to the fact that the tumor encroached somewhat upon the side of the pharynx, and stated that she suffered constantly from paroxysms of the most excruciating pains in the side of the neck.

Dr. SMITH said that the appearance and history of the case rendered it most probable that it was one of scirrhus or hard cancer, and that in his opinion the treatment proper for the case must be purely palliative.

Scirrhus of the parotid gland might be removed by an operation. The anatomical difficulties in the way of such an operation must not be measured by the conditions present when the parotid gland is healthy. The diseased organ can often be removed with great facility, and even the hemorrhage, which at first sight would appear the most formidable difficulty, might amount to little or nothing in consequence of the great arterial trunks, being more or less completely obliterated by the pressure of the morbid mass.

In this particular case, however, the age and feebleness of the patient forbade so severe an operation. The treatment would be tonic and supporting. A good diet would be directed in connection with the use of chalybeates; and anodyne applications would be made to the tumor itself.

An ointment composed of extract of aconite, or of aconitia, rubbed up with cold cream, was directed for the latter purpose.

Operation for the Radical Cure of Hydrocele.—The REPORTER for February 26, contains (p. 387) the details of a case of hydrocele, upon which the paliative operation was performed. Another patient was on this occasion brought forward, who had for some time labored under hydrocele, and had once been operated upon paliatively. The fluid reaccumulating, the patient applied at the University, and professed himself ready to submit to a treatment likely to produce permanent relief. Dr. Smith accordingly operated upon him in the following manner:

The patient being brought into the room in a state of anæsthesia, the scrotal tumor was slit open with a sharp-pointed bistoury, thus evacuating its contents. The tunica vaginalis, which in this case was much thickened and contained several cysts, was then dissected free from the skin, and the greater part of it, except that immediately connected with the testis excised by scissors.

A mesh of lint was then placed in the wound, which was directed to be covered by the water dressing, and the patient was removed from the room.

Dr. Smith said that the plan of treatment just employed was regarded by him as preferable to the injection of stimulating solutions, such as iodine, &c., into the cavity of the tunica vaginalis. The use of the anæsthetic prevented the operation from being a painful one, and the cure was far more rapid than under the ordinary treatment. He had employed this procedure on several occasions, some of which had been published, (see Am. Journal of Med. Sci., April, 1858,) and had uniformly succeeded in effecting a cure with less inflammation of the testicle, and in a shorter period than by any other method.

HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

Service of Dr. Dunglison.

SATURDAY, FEB. 27.

Last Clinic of the Session—Old Cases Shown.—This being the final medical clinic, the results of cases were shown, and as the reports were favorable, it was recommended that the treatment be continued. The beneficial employment of the oleum morrhuæ, both internally and externally, in psoriasis inveterata, was well exemplified in the striking improvement of a small child, who was prescribed for two or three weeks ago. In London, oleum bubulum or neat's-foot oil is used as a substitute for the cod-liver oil, as the oleum cetaceum is with us. Cocoanut oil is at times employed, so that it is not necessary to restrict ourselves to animal oils. The latter, however, are more used, on account of their agreeing with the stomach better than vegetable oils.

Closing Remarks.—A summary of the number of cases treated in the College clinic was then read, by which the class could see at once what richness and variety had been placed before them. The chronic peripatetic cases, which present themselves at a College clinic, are those which the young physician is called upon to treat in his office. In regard to chronic cutaneous diseases which are a source of constant trouble to the practitioner, it is necessary in all cases to be guided by general principles of treatment, having once made out the diagnosis satisfactorily. Comments were made on the mode that had been pursued in explaining the cases to the class. Great care had been taken in diagnosis, and perhaps more skill was required in the diagnosis of such chronic cases than of the acute. The great principles of diagnosis are capable of being as well expounded in the college clinic as in the hospital. After the diagnosis had been established, an epitome of the pathology of each case was given, followed by the indications of cure which suggested themselves, and the means of carrying into effect such indications. Allusions were made to the system of rational therapeutics which had been pursued, and to the importance of bearing in mind the instinctive actions of the organism, which were capable of repairing injuries, when these are within certain limits, to the avoidance of all routine practice and the numerous evil effects of meddlesome medicine. Not an article had been prescribed without the reason having been given, and in compound formulæ the cause why every adjuvant, corrigent and excipient was selected, was fully explained. The mode of writing prescriptions had also been carefully explained. No such opportunities as are now afforded for clinical instruction were known until comparatively recent times, and the lecturer stated that he would have given any sum of money he could have afforded, to have had the same pains taken to instruct him as the students of the present day enjoy. In conclusion, the lecturer stated that if anything he had said or done would smooth the course of his auditors in the practice of a responsible and arduous profession, he would consider himself richly repaid.

Service of Dr. Pancoast.

SATURDAY, FEB. 12.

Strange Case of Monstrosity—Heteradelphia—Operation by the Ecraseur.—An almost unique case of monstrosity was brought to the notice of the class from the western part of Pennsylvania; a child, seven months old, having appended to its left cheek a large mass, growing more rapidly than the child itself, and containing the materials of an imperfectly developed child. Fingers are seen, and a portion of a rudimentary forearm. At birth the tumor was about the size of an apple; it is now nearly a foot long. Its surface is not smooth and regular, being divided into several globular masses, and portions resembling an imperfectly developed embryo. The intestines, which are now covered by skin, were at birth much more distinctly visible! They have been filled with a dark-colored fluid, and the skin is darkened above the place which they occupy. Below the mass of intestines is a sort of *cloaque*, having no communication, however, with the bowel. A prominence extends from it, which is probably a penis, and we think, therefore, that this is a male embryo. What appears to be a corpus cavernosum may also be felt by the finger. The generative organs of the well developed fœtus appear at a very early period of utero-gestation, about the fourth week, and about the seventh or eighth week are large in proportion to the rest of the body.

At one part of the mass, pulsation is distinctly felt, which goes on with little interruption day and night, sometimes to the number of forty beats per minute, at other times one hundred. It is not synchronous with the beat of the heart of the perfect child. The mode of development of the heart and of other parts of the body in a normal fœtus were then detailed, and the different periods at which they make their first appearance.

An abscess has formed in one portion of the mass, and the rosy color of the tumor as well as the presence of a large artery which is distinctly felt passing through it, exhibits the fact that it is largely supplied with blood. The buccinator muscle of the child is drawn into the mass, so that when the finger of the surgeon is placed in its mouth, it passes into a tube. A peculiar caul-like membrane, pierced with holes, separates the primary child from its parasite, and its nature or office is not easily explained. Undoubtedly also the mass has a liver, for that is always a prominent organ in the fœtus, and disproportionate to the size of the child. The child suffers greatly from erythema intertrigo from

the constant friction to which it is subjected from the parasite, although the mother affords a constant support to the tumor with her hand. The case is exhibited to-day, as preliminary to any remarks at a future clinic upon the propriety of affording some means of relief, by removal in such a way as may be then determined on.

Allusion was then made to the formation of monsters by excess and defect; to the cases of inclusion in which a fœtus was contained within another, *fœtus in fœtu;* and to double monsters in general, as well as to the different views entertained in regard to their production; whether, for example, as had been entertained by some, they arose from furcation of a single germ, or from two distinct embryos which had become united in the course of development, or from a germ abnormally compound from the first; whilst supernumerary fingers were assigned to more increased formative activity of the parts concerned. The difficulties that environed these subjects were expatiated upon, and they were regarded by him as amongst the most intricate, but most interesting inquiries in the whole domain of pathological anatomy.

SATURDAY, FEBRUARY 19.

An operation for the separation of this large mass to the presence of which the child has been accustomed for so long a time, must necessarily be accompanied with much danger. The parents have been told what might be the worst consequences of an operation, but they are willing and anxious to have it performed. It becomes a very interesting question, then, what mode of separating the tumor shall be adopted. Its removal by the knife, he believed with Dr. Dunglison would be attended with an amount of hemorrhage that would be fatal probably before the child was removed from the table. Even if a gradual detachment of the two beings by the knife through the caul-like membrane were attempted, and the arteries were tied at each step of the process, the hemorrhage might also be uncontrollable. It is proposed, therefore, to use the *écraseur*, which, by forcing down the skin, and bruising the vessels thoroughly before the chain of the instrument cuts through the mass, prevents the occurrence of hemorrhage. The objection which has always been made to the removal of monstrosities, is probably due to the belief that the parasitic growth, if we may so call the second being, had its origin in excessive formative power, both beings deriving their support and development from the same source.

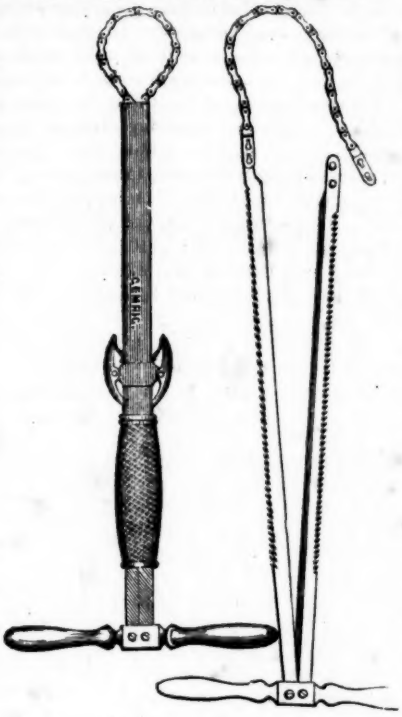
The application of ether as an anæsthetic agent to the perfect child had the effect of at once putting an end to the pulsations of which we have spoken as previously going on in the parasite. Four needles were passed through the caul-like membrane so as to get as much skin as possible from the outside of the buccinator muscle, and several threads were passed around them. The instrument was applied, and the chain rapidly worked at first until the parts were well compressed, and then, very slowly. After about fifteen minutes, the tumor came away with the instrument, the chain having worked through, with scarcely a drop of blood following the removal, and but one small vessel requiring ligation. The surface left was about two inches by about an inch and three-quarters. The tumor weighed nearly two pounds and a half.

The system of *écrasement* adopted in this case as the safest and most appropriate mode of treatment has been in use in Paris for some time. It is especially applicable to vascular tumors, in which excision by the knife might be followed by dangerous hemorrhage. The *écraseur* was devised by M. Chassaignac of Paris, and has been employed by him in a large number of surgical cases of all kinds, in some of which it would seem to be less appropriate than the knife. But for amputations of the penis and removal of hemorrhoidal and other tumors it has been found a decidedly valuable instrument. The original instrument of Chassaignac has been modified and improved. The form used in the operation for removal of the parasitic growth which we have been describing was that constructed by Luer on the same general principles as the original instrument, but with modifications.

In all, a sort of blunt chain-saw is used, which is gradually tightened around the pedicle or other point selected for the operation; but the different instruments vary in the mode of tightening the chain, one having a screw for this purpose, while another has a rack and pinion. The loop of chain-work, the ends of which are contained in a hollow tube, are susceptible, by the means above referred to, of producing gradual but effectual constriction on the mass, the screw or rack and pinion—whichever may be employed—being moved slowly by the operator.

M. Chassaignac published, some time since, a work upon the subject of which we are speaking, entitled "*Traité de l' écrasement linéaire,*" in which the modus operandi of the instrument which he has devised was fully explained. The objection which may apply to the *écraseur* is its slow action; yet it is to this quality that its beneficial action is due, for by condensing the tissues in this gradual way, hemorrhage is prevented. The wound produced by the instrument is of the class called contused, which class, as is well known, is not accompanied with much hemorrhage. In a case of gangrene of the penis, which was presented in this clinic during the session of 1856—7, amputation was performed by the *écraseur*, and the parts appeared to be almost healed immediately after the operation; the after-treatment being merely the protection of the sur-

face from the irritating and desiccative influence of the air by the application of some mild powder.



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A large nerve was found running through the mass, but its course has not been satisfactorily determined, in consequence of the tumor not having been as yet thoroughly examined. The body which was considered to be a heart, was found to contain imperfectly formed auricles and ventricles. The mesenteric arteries and veins were of large size. The liver, crushed by the *écraseur* at the time of the operation, must have been fastened to the buccinator and masseter muscles of the living child. A rudimental skeleton also probably exists, as the knife in the dissection comes in contact with the osseous matter. Fat was found in large quantities everywhere, and the whole mass, when exposed by examination, presented the appearance of a fatty tumor, containing all the many and varied complicated appearances which we have described in connection with this very strange and interesting case.

The child from whom the mass was taken, was brought in doing very well, the space left in the cheek healing up by granulation very satisfactorily, and the patient being well enough to leave town at an early day.

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Amblyopia with Strabismus.—A case of amblyopia previously spoken of was again presented. Patches of protuberant masses of the choroid coat are seen coming through the retina. The cause of the present condition of the eye is chronic choroiditis. He can see with his right eye only, and has also strabismus of the affected eye. By taking off the pressure upon the eyeball, exerted abnormally by the oblique and recti muscles, we can often, by relieving the strabismus, improve the sight of the eye. The axis of vision is altered in

the constant friction to which it is subjected from the parasite, although the mother affords a constant support to the tumor with her hand. The case is exhibited to-day, as preliminary to any remarks at a future clinic upon the propriety of affording some means of relief, by removal in such a way as may be then determined on.

Allusion was then made to the formation of monsters by excess and defect; to the cases of inclusion in which a fœtus was contained within another, *fœtus in fœtu;* and to double monsters in general, as well as to the different views entertained in regard to their production; whether, for example, as had been entertained by some, they arose from furcation of a single germ, or from two distinct embryos which had become united in the course of development, or from a germ abnormally compound from the first; whilst supernumerary fingers were assigned to more increased formative activity of the parts concerned. The difficulties that environed these subjects were expatiated upon, and they were regarded by him as amongst the most intricate, but most interesting inquiries in the whole domain of pathological anatomy.

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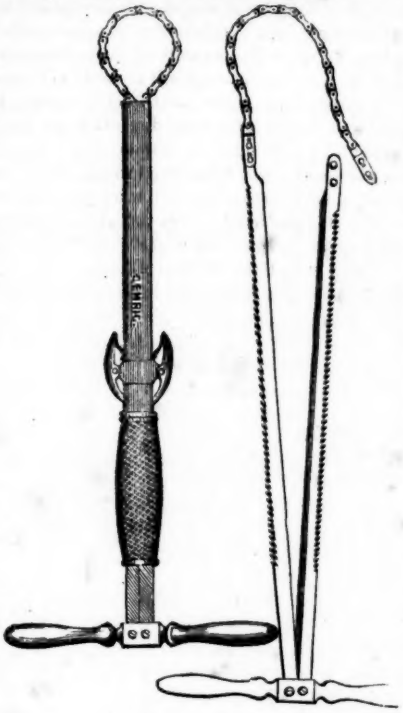

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such a way, that both short-sighted and long-sighted persons are benefited by the operation. Every squinting eye is sunk below the level of the other. The protrusion of the eye-ball necessarily widens the palpebral fissure, while its retraction diminishes the space between the lids. The rule, therefore, in cases of strabismus, is to examine the eyes carefully, to see what may be the amount of protrusion, and not to increase the prominence of the eye-ball in the operation.

In this case the ordinary operation for strabismus was performed, the tendon of the internal rectus muscle being divided. Few instruments are required—an ophthalmostat, an instrument to raise the muscle, forceps, blunt probe, and scissors.

Tumor in the Parotid Space.—A man with a tumor in the parotid region, of fifteen years' duration, but growing rapidly during the past three or four years, perhaps involving the parotid gland. It runs back under the jaw so deeply, that it is impossible to diagnosticate whether it is a parotid tumor or a tumor of the parotid gland. If it be the latter, and the gland itself has to be extirpated, its removal cannot be effected without division and ligation of the external carotid artery, or without section of the portio dura nerve of the seventh pair. Paralysis of that side of the face will be the inevitable result. Whenever that nerve—the motor nerve of the face—is divided, a momentary twinge of pain shows that some fibres of the fifth pair—or the nerve of general sensibility—accompany it. On removing the tumor, it was found to have caused almost complete absorption of the parotid gland, and it was not found necessary to divide either nerve or artery. The tumor, therefore, was not an enlargement of the gland itself, although occupying its space.

Ankylosis of the Knee-Joint—Novel Mode of Treatment by Fracture of the Thigh-Bone.—In the case of ankylosis of the knee-joint, reported on page 390, in which the application of apparatus was temporarily suspended for fear of producing subluxation of the head of the tibia, it is proposed to-day to adopt a novel mode of treatment. Amputation is sometimes practiced in similar cases, where all other means of relief have failed, or the plan of Barton, which consists in the removal of a V-shaped section of bone, and the application of a Stromeyer's screw to straighten the limb. But the latter mode produced a sort of compound fracture of the bone, and is extremely hazardous. It is proposed to-day to bore holes in the bone, from one external orifice in the soft parts above the knee, where the bone is least covered, and after having thus weakened the part sufficiently, to break the bone either across the knee or by apparatus. This, too, is a hazardous operation, and may be followed by inflammation and its consequences, demanding amputation of the limb at a future day. But in the strong belief that the plan suggested may be of benefit, by affording hereafter an opportunity for bending the soft callus, so as to effect the straightening of the limb, the attempt will be made to fracture it. A compound fracture is not likely to result, but probably a simple form requiring the usual simple treatment, by rest, position, splints, etc. Troublesome abscesses might follow the introduction of the ordinary gimlet, but one that will bring away the sawdust with it is preferred. The risk of the operation is subsequent necrosis, the lower end of the thigh-bone being very liable to that affection, and especially in the region which has been selected as the proper point for operating. This result may, perhaps be avoided by a simple treatment, and by general attention to the health of the patient.

When the constitution is not good, the patient being of a scrofulous diathesis, or disease of the bone, as necrosis, is pre-existent, the operation should not be thought of. If the experimental mode of treatment adopted here be successful, it will doubtless be found much more efficacious than the plan of Barton, and much more humane than amputation of the limb. The gimlet should be introduced on the outside of the limb, so as to avoid the anastomotic artery. From the single external orifice, half a dozen holes were bored through the bone, at different points, and after several efforts to break the bone, it was fractured with a loud snap, distinctly audible over the whole room.

The case was exhibited at the following clinic, no unfavorable symptom having followed the operation.

SATURDAY, FEB. 26.

Housemaid's Knee.—A woman with an inflammation and enlargement of the bursa in front of the patella, a true hygroma, commonly known as housemaid's knee. The bursa mucosa behind the ligamentum patellæ is not often involved, except in white swelling. Very often the sac is multilocular, and the best plan of treatment is to dissect it out. But circumstances of occupation, etc., interfere here with that mode of treating the case, and a plan will be adopted, therefore, that will not put her to much inconvenience, but may not be successful, although it frequently is so. The "miner's elbow," a tumor over the olecranon process, generally the left, from the nature of the occupation, is analogous to housemaid's knee, both being the result of pressure.

The knee must be painted twice a day, with a mixture of equal parts of tincture of iodine and collodion, the brush being moistened after every application to prevent the evaporation of the collodion from rendering it hard and useless. Surgical interference may be necessary at a future day.

Some of the results of important operations were exhibited to the class, and a general summary of the cases and operations presented during the clinical year, read. This being the last day of the session, Dr. Pancoast delivered some farewell remarks appropriate to the occasion.

(The surgical clinic will be continued every Wednesday, at 12½ o'clock, by Dr. Gross.)

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, Jan. 12th.

Dr. Mayburry, V. P., in the chair.

Subject for Discussion—MANIA-A-POTU.

DR. COATES opened the debate by remarking, that while a resident in the Pennsylvania Hospital, he had a most violent case of this disease to treat, the responsibility, owing to incidental causes, having been thrown entirely upon him, then very young, and a resident of the hospital for only about four years. He was compelled to act by the urgent danger of the patient; after continually appearing to grow worse, under a treatment by more moderate doses of opium, combined with brandy, suddenly he was permanently relieved, after a long sleep following the use of eight grains of the former substance, given during a portion of one day. In preceding cases, he had observed no deaths, after the patient had enjoyed a sound sleep; and all the patients appeared to him to grow wilder until this occurred. It seemed that brandy aggravated the delirium; and few or none of his patients manifested those external symptoms of debility, which were supposed to require it. The symptoms never showed any signs of improvement, till sleep was produced.

Soon after, another patient who was thrown, in like manner, exclusively under Dr. C.'s care, took, within the space of 30 hours, 400 drops of laudanum, and recovered perfectly and speedily.

From a number of cases, he finally came to consider that the brandy was seldom necessary, and he therefore omitted it, unless there were evident symptoms of sinking. He referred to his essay on this subject, in the *North American Journal*, written many years ago, as not differing very widely from his present views. Since that time, many plans of treatment have been brought forward, and for each was claimed the credit of being successful. In some statements of cases at the almshouse, published by Dr. Gerhard, in which brandy alone was employed, 141 cases recovered, and *one* died. This has been thought extravagant, but Dr. Coates mentioned the authority of Dr. Salter, an English writer, who claims to have cured every case.

He had attended a patient in his fourteenth attack, from which he recovered entirely, and Dr. C. was so happy as to be able to add that this individual appeared almost or quite cured of the habit of using ardent spirits; his prosperity and the welfare of his family being very greatly advanced. This patient, by the exertions of his wife, and his own wish and consent, was placed under treatment at the hospital, the moment his symptoms presented themselves, and thus the success might be readily explained.

Dr. C. prefers to call the disease *delirium tremens*, as that is the name most commonly given to it, and especially so in Germany. In England, also, this is the most general term. It certainly is a *delirium*, being a derangement of short duration, and hence it is not *mania*. Sometimes it is complicated with an injury. Thus we have a fracture, resulting from a fall while intoxicated, and after a little while the delirium sets in. Bleeding, in probably every case, he conceives very unadvisable; the brain not being in the slightest degree relieved by it; secondary inflammatory diseases never having appeared urgent, and some degree of exhaustion appearing always to occur.

Emetics of ipecac. have been recommended; he thought these might be beneficial, where the stomach was loaded, as it often is, with the potations of the patient. He believed a true rationale could account for the occurrence of the delirium from sudden cessation of drinking, as is the result, not only in simple cases, but where an injury has been received. It appears to him that the action of the spirits is to excite the action of the brain, producing great distension of its blood vessels; and, at a subsequent stage, to produce sleep. It is necessary that the patient should be habituated to this method of bringing on repose. When this was intermitted, and we find the patient with his brain excited, subjecting himself to great fatigue, without obtaining sleep, the necessity of a narcotic appears to Dr. C. very evident; while in a simple case, that of stimulants seemed to him by no means so, or that remedy contra-indicated. If a healthy state of the brain were reached, or even approached, the patient must inevitably sleep. How could he do otherwise? He was exhausted with loss of sleep and incessant agitation.

He had never employed chloroform. It was not known at the time of his hospital service; nor its hypnotic action, till recently. Camphor and assafœtida, he considered as productive of benefit, but not of so much value as opium. Ipecac. contained an anodyne principle, and hence might arise a portion of its boasted good effects. With hyoscyamus he was not so familiar as with opium, and he thought

he could not calculate the dose with so much certainty as that of opium. He believed that he had been more successful with the latter than with morphia; he could not say why. The hallucinations are curious, and have attracted some attention. He mentioned several of the more common forms. These indicate great activity of the brain. As a general rule, patients laboring under this disease do not require forcible restraint, and can be coaxed to do almost anything. They may commit acts of violence. but generally, if a person is with them, and treats them kindly, they are only very restless. The largest dose of opium he had given was 20—24 grains in 24 hours, in divided portions, watching carefully the effects.

Patients in this condition generally take no food, and little drink, but ardent spirits. In cases not excessive in their character, Dr. C. believed it very often to be not at all imprudent to break off abruptly. "Tapering off" their liquor, he deemed a method which ought to influence the physicians, if a stimulus is absolutely indicated in order to sustain the system. It ought, however, to be always remembered, that persons in this condition will often make the most agitating demands for ardent spirits or laudanum, alleging that they will die for want of them, when really they are not at all needed.

Dr. Jewell said, that whatever was now thought of the emetic practice, it was certainly the favorite, and the most successful 30 years ago. Being a student of the late Dr. Joseph Klapp, who introduced this method of treatment, he saw many cases, both in the almshouse and in private practice. Dr. K. took a peculiar delight in treating these, following them up, and describing them to his class. The recent cases were more easily cured than those occurring in old drunkards. In the almshouse, where the majority of the cases were those of old drunkards, with broken down constitutions, they were effectually relieved without stimulants, but entirely by means of the emetic practice.

Dr. Jewell had not followed up this practice; it had not seemed to succeed of late years—whether from a change in the constitutional peculiarities of individuals, or from the character of the liquor drank, he could not determine. It is said that poisonous ingredients are now introduced into the various forms of liquor, and this may be one of the producing causes of the peculiar prostration of the cases that now occur. He believed the only reliable article was opium; and although he had not many cases, he pursued that plan of treatment in combination with stimulants. In fact, he could not treat this disease without opium and alcohol in some form and shape. He was a strict temperance man, and endeavored, to the utmost of his ability, to carry out his views of temperance in his practice, yet he found it absolutely necessary, in many cases, to give the alcohol. He mentioned a man who had been repeatedly under his charge with this disease, and he endeavored, in order to prevent a further use of liquor by him, to cure him without the stimulant. He was a week under treatment, and Dr. J. was finally compelled to resort to the alcohol. In another case the patient sank and died. He had a few times succeeded, but in every case the treatment was protracted. Dr. Janney employed hyoscyamus and purging, with saline cathartics in large doses, as magnesia and salts, but he was afterward compelled to give the opium. Dr. Jewell gave this remedy in doses amounting to ten grains a day, and even more, especially where the patient was accustomed to take it, as was often the case in old drunkards, who have had repeated attacks. In cases where the patient had never suffered so before, he gave it with more caution, but in others without fear. He believed that when the brain was not accustomed to the stimulus of drink, there was more likelihood of over-stimulating it, and here it was dangerous to give large doses of opium.

Dr. Nebinger asked if any of the members had seen any cases of delirium tremens which had resulted from the use of anything else than intoxicating drinks.

Dr. Coates thought he had, but they were very rare; and he believed the sudden intermission of habitual opiates was a cause which seldom occurred.

Dr. Nebinger had seen two very interesting cases of infants, in which symptoms analogous to those which occur in delirium tremens presented themselves, and which were, without doubt, that disease produced in the infants referred to, by the intermission of the large quantities of opiates which they had been in the habit of receiving.

The first case of those to which he referred, he said was that of a babe about twelve months old. He would give a description of the appearance of the child, and its conduct when he first saw it. It was thin, pale, and looked as if it had been very defectively nourished. Constantly screaming, clinging now to its mother, then loosing its hold upon her and looking about in the wildest manner; again starting and shrinking back upon the mother, as if something very alarming had been presented to it. It was tremulous; indeed, its entire little body was in a most astonishing condition of tremulous agitation. Its pupils were dilated—its skin cold and moist. He learned from its mother that the condition in which he found her babe had not been suddenly induced, but that it had been two days in developing itself. He inquired if it had been frightened, if anything had occurred to it which would

have been calculated to suddenly startle or alarm it. The mother thought not. To him the case presented new and curious features—it was in truth unique. The history which he received of the babe's sickness from the mother, was, in substance, that about forty-eight hours previous to his visit, it had been seized with sickness of the stomach, and that from then until the moment she was giving her account of it, there had not been retained anything in its stomach; that it began to grow restless—then to act as if it were in great pain, or as if frightened—all these conditions every hour growing worse, until they had reached the condition in which he found it. She said that it had not slept for the past forty-eight hours, and to quiet it she had given the babe Godfrey's cordial several times, but that each time, shortly after giving the cordial, it had been thrown up. Upon inquiry, she informed Dr. N. that she had been in the *habit* of giving the babe this drug, the quantity administered being a bottle of the cordial (two ounces) every two days, or one ounce daily. After receiving this history from the mother, it occurred to Dr. N. that all the alarm, tremor, restlessness, wakefulness, and other morbid symptoms, were due to the fact that it had not received, or if received, did not retain its accustomed quantity of opiate. In every drachm of well prepared Godfrey's cordial there are eight drops of laudanum. Hence this little babe must have taken about 64 drops of laudanum per diem. A wonderful quantity, when we consider the age and delicate condition of the child. Possessed of the information relative to the Godfrey's cordial, the case presented itself as one of a disturbance of the brain, resulting from the sudden withdrawal of an accustomed amount of opiate. It was, in short, a mania—a delirium tremens Dr. N. instituted first such treatment for it as he would for an adult laboring under an attack of mania-a-potu—modified, of course, to suit the circumstances. He gave it a treatment similar to that spoken of by Dr. Coates, employing opium, stimulants, and high nutrition. He also gave lac assafœtida. Under this treatment the child soon recovered, after which the opium was gradually withdrawn without any bad symptoms ensuing.

The other case referred to was that of an infant, aged about eighteen months. This child had been attacked with bronchitis, to treat which, he was sent for. During his first visit, he did not see anything in the child's case, but an uncomplicated mild attack of catarrh. On his second visit, new and alarming symptoms presented themselves. The child was restless, much agitated, tossed about wildly, and would occasionally scream out as if in great pain, or as if frightened by something suddenly presented to it. It occurred to him that the case was being complicated with meningitis. Accordingly he ordered ice water to the head, and other treatment to meet the apparent requirements of the case. The babe grew worse every hour. The alarm, agitation, tremor, screaming and wakefulness, all went on increasing in gravity, until they so mounted up as to remind him forcibly of the condition of the babe whose case he had first related. Impressed with the resemblance of the two cases, he asked the mother of the child if she had been in the habit of giving it "drops." She said she had not; he left, and shortly after reaching his home he was waited upon by the grandmother of the child, who was present when the babe's mother denied giving it "drops." Feeling that it was important that the doctor should know the truth, she came to inform him that he had been deceived by the child's mother. She informed him that its mother had been in the habit of giving it laudanum from about two weeks after its birth—that she had, for the purpose of keeping up the effects of the laudanum, been forced to, at short intervals, increase the dose, until it had reached thirty drops three times a day; but that since it had been seized with the catarrh she had not given it any, withholding it, because she feared its use would damage the child while it was being medicated for the bronchitis. This information, given by the grandmother, made all things clear. The alarm, tremor, fright and all the other terrible symptoms had, in this information, their complete solution. He visited the child at once, and learned from its mother that all the grandmother had said was correct. He then directed the babe to be given half the quantity of laudanum that had been daily given to it. This done, the screams, the tremor, the alarm, the frightful starts, the wakefulness, in short, the delirium tremens gradually subsided, and his little patient fell into a sweet sleep, from which it awoke refreshed and convalescing. The laudanum was daily diminished in quantity until the dose was reduced to a few drops, when it was entirely withdrawn without any inconvenience to the child.

Adjourned.

Reviews and Book Notices.

TRIALS OF A PUBLIC BENEFACTOR, as illustrated in the Discovery of Etherization. By NATHAN P. RICE, M. D. New York. Pudney and Russell, 1859.

It is not often that a book of the character of the "Trials of a Public Benefactor," is submitted to a medical journal for review. As intimated in the prefatory note, signed by

seven distinguished medical gentlemen of New York, its object is to aid in "raising a National Fund for the benefit of Dr. Wm. T. G. Morton, of Boston;" and the author presents a long array of circumstances, facts, and documents, under the form of a biographical narrative of Dr. Morton, to sustain his claims to the discovery of etherization.

His career is traced from his father's farm in Charlton, to a clerkship in Boston, and then to his own establishment in business. But "his mercantile career terminated in decided disaster and its abandonment forever." He next attended the Dental College, in Baltimore, and, after graduation, forming a co-partnership with Dr. Horace Wells, he commenced the practice of dentistry, in Boston, in 1842. This partnership was dissolved the following year. In March, 1844, he entered the office of Dr. Charles T. Jackson, the eminent geologist, as a student of medicine, while pursuing his profession as a dentist. For a time, he was also an inmate of the Doctor's household.

This brief statement is sufficient to show the intimate personal and pecuniary relations of Drs. Wells, Morton, and Jackson, the three contestants for the honor of discovering the use of anæsthetics, between the year 1842 and the autumn of 1846. From the latter date their interests diverged; a grand family-quarrel resulted; and the medical public is now invited to decide upon the points at issue.

Dr. Morton asserts that he was endeavoring to find some article of a narcotic character, to relieve the agonies of dental operations, and that he had experimented with several. But learning from his student, Mr. Thos. R. Spear, in the spring of 1846, that he had often inhaled pure ether, for its exhilarating effects, when at college, without any bad results; and finding upon reference to "Pereira's Materia Medica," that "the vapour of ether is inhaled in spasmodic asthma, chronic catarrh, and dyspnœa, hooping-cough, and to relieve the effects caused by the accidental inhalation of chlorine gas," and further, that it produces "effects analogous to those caused by the protoxide of nitrogen," (laughing gas)—he determined to test its action upon a dog. The result is thus stated; "the dog wilted completely away in his hands, and remained insensible to all his efforts to arouse him by moving or pinching him," and yet "became in two or three minutes as lively and conscious as ever." The next experiments upon himself and Mr. Spear, above-mentioned, were not altogether satisfactory; but having procured some pure ether, he extracted a tooth for a patient on the 30th of September, 1846, without pain. The first public exhibition took place at the Massachusetts General Hospital, on the 16th of October, 1846, when a tumor was successfully removed from the jaw, by Dr. John C. Warren; the patient having been etherized by Dr. Morton.

During the latter part of 1844, while Drs. Jackson and Morton were residing together, the subject of relieving the painfulness of operations occupied their thoughts; but what particular share each had in the final selection of sulphuric ether as the agent, remains unknown, since there is a discrepancy in their statements. Certain it is, that a patent was issued in Nov. 1846, on the joint oaths and application of Drs. Morton and Jackson, claiming as "our discovery," that "the inhalation of such vapors, (particularly those of sulphuric ether), would produce insensibility to pain." It is highly probable that the scientific acquirements and personal experience of the one, restrained and directed the enthusiasm and daring of the other.

As in great discoveries there is usually a train of facts leading insensibly to the final consummation, the mind naturally inquires whether a departure from the usual course of events has occurred in this instance. By reference to page 142, it will be seen that the idea of alleviating pain by inhalation, was directly given to Dr. Morton two years previous to his own announcement. For he remarks, in the course of the winter (1844–45,) Dr Horace Wells, of Hartford, Conn., a dentist, and formerly my partner, came to Boston, and desired me to aid him in procuring an opportunity to administer the nitrous oxide gas, which he said he believed would destroy or greatly alleviate pain under surgical operations." A public experiment of tooth-drawing was made, which resulted in a failure, as, according to Dr. Wells, the gas bag was withdrawn too soon. Both before and subsequent to this exhibition, however, the nitrous oxide was employed in Hartford by Dr. Wells, with the most satisfactory results as an anaesthetic agent.

The last chapters of the book contain the history of the three applications to Congress for an appropriation of $100,000, and of the hope deferred that maketh the heart sick. Failing in these, the appeal is now to the public. The author has presented "the trials of the public benefactor" in a strong light; yet we cannot but believe, that his own end would

have been better accomplished by a more liberal acknowledgement of the just claims of others.

As some of our readers may feel an interest in the history of anæsthetic agents, and may not have access to documents, we append to our critique the dates of their introduction, and by whom, respectively, made known.

In the latter part of the last century, ETHER was given by inhalation, by Dr. Pierson and others, for the relief of painful and spasmodic diseases of the chest.

In 1799, Sir Humphrey Davy wrote, "as NITROUS OXIDE appears capable of destroying physical pain, it may probably be used with advantage during surgical operations, in which no great effusion of blood takes place."

December 11th, 1844, Dr. Horace Wells, of Hartford, submitted himself to the influence of NITROUS OXIDE GAS, and had a tooth extracted while in an unconscious state. In consequence of this result it was extensively and successfully employed by himself as well as by various dentists and physicians of Hartford, during 1845 and 1846, and was publicly announced in the Boston Medical and Surgical Journal, June 18th, 1845. The friends of Dr. Wells claim for him, also, the introduction of ether, upon the recommendation of Dr. E. E. Marcy. This point remains *sub judice.*

Oct. 16th, 1846, SULPHURIC ETHER was first employed PUBLICLY by Dr. Wm. T. G. Morton, of Boston.

CHLOROFORM was introduced as an anæsthetic agent by Prof. J. Y. Simpson, of Edinburg, Nov. 10th, 1847.

AMYLENE was tried for the first time in King's College Hospital, London, by Dr. John Snow, Nov. 10, 1856.

From a comparison of the dates given, it appears that the first practical employment of AN ANÆSTHETIC, was made by the late Dr. Horace Wells, nearly two years in advance of any competitor. From published facts, it is equally evident, that the thoughts of the three contestants, Drs. Wells, Morton and Jackson, were directed to the use of sulphuric ether; but to Dr. Morton belongs, in our opinion, the credit of publicly proving the value of this particular agent. X.

☞ We are glad to announce that Councils have responded favorably to the reasonable request of the Resident Physicians of the Philadelphia Hospital, published in our last, and made an appropriation for the payment of their board.

Editorial.

In some recent strictures under the caption of "Professional Disputes and Public Comments," alluding to the extraordinary publicity which was given to the medical proceedings in the "Whitney case" in New York, we denounced its authors as culpable and ethically amenable to the profession. In support of this charge we refer to the Code of Ethics, "chapter second, article first.—Duties for the support of professional character."

We believed that most of the publicity occurred at the *public* meetings of the Academy of Medicine, and thought that some, at least, of it, had been designedly allowed by some of the members for the sake of popular effect. We have received from Dr. Horace Green, of New York, the defendant in the hearing before the Academy, an emphatic and satisfactory denial of his being in any manner the cause of the notoriety which resulted in producing so much in the public prints disparaging to the whole medical profession, and commend the honorable course he has pursued under very trying circumstances.

The following is an extract from his letter on the subject.

"With giving publicity to the particulars of the Whitney case, to which you refer, (reports of which have gained the 'disgusting notoriety,' whereof you justly complain,) I emphatically declare that *I have in no way participated.* Not a sentence—not a word, has from beginning to end of this affair, gone from me to the public except through the legitimate channel of the Academy of Medicine, as I have been called upon to give my statements and make my defence. At the time when the belief was almost universal, that my instrument had perforated the trachea of my patient, I had in my possession the report of the post-mortem examination, furnished me by Drs. Mott and Beales, in which was their declaration that no lesion whatever was found in the windpipe, and yet this testimony, which if published would have relieved me of an unfounded accusation, was withheld by me entirely from the public, for two weeks, although it was re-

peatedly solicited by different journalists in this city, for publication.

"Again you say, 'we cannot but think that some at least of the publicity has been designedly allowed for the sake of popular effect. One sheet gives the likeness of the accused specialist,' etc. A gentleman connected with 'Harper's Weekly,' called on me before the publication in that journal, of the article to which you refer, and stated that it was the intention of the proprietors of that journal to publish some account of my method of treatment, etc. I also received a letter from the editor, making a request for my photograph, and stating that Mr. Brady had been instructed to take it, etc. I dismissed their applications by refusing utterly and positively to comply with them; begging the gentleman who called on me to exert his influence to prevent anything of the kind from being done. I also wrote a letter to the editor, entreating as a personal favor, that these intentions should not be carried out. I heard nothing more of the matter until the paper came out with the flashy and silly caricatures of which you speak."

The editors of the New York Medical Press are fretted because we declined publishing a list of Graduates of the Medical Colleges of this city who have become distinguished, to compare with a list of New York graduates published in the *Press*, and who they say are distinguished. We declined it because we could see no utility in publishing names, many of which are familiar as household words wherever the light of medical science has spread, and thought, and still think it would be "*puerile*" to occupy almost a whole number of our journal, to the exclusion of valuable matter of general interest to our readers who are graduates of schools in every section of the country, with a list of names of distinguished graduates who have gone out from this city, when we could refer them to documents where these details had been appropriately published, and we respectfully ask our confreres if we were not right.

The legions who have gone forth with their honors from this city have made American medicine what it now is,—are now generally the teachers, or have taught the teachers who now proclaim the science from the very *numerous medical centres* of the country, New York among them. American medical science has taken its impress from the institutions and medical literature of Philadelphia.

The *Press* is still desperately endeavoring to convince its readers that New York is the *medical centre*. We alluded recently to the fact that quite a number of cities and villages claimed this honor, and perhaps each *is* a medical *centre* around which revolve certain satellites, but still they in their turn revolve around a *great centre* from which they have received their light and vitality. These *centres* still get the best of their books and teachers from this city. The best teachers in the New York *centre* appreciate the advantage of having their works published in the GREAT MEDICAL CENTRE, and some creditable volumes by them have recently been brought to light by our publishers.

We regret that our remarks have caused the *Press* to discontinue publishing "distinguished names," because we fear that unless they publish them, the world will never get to hear of them. We offer to republish them at fair *advertising* prices.

Correspondence.

Philadelphia, Feb. 28, 1859.

Editors Medical and Surgical Reporter,

GENTLEMEN: In your last issue your Boston correspondent, C. E. B., institutes a comparison between Prof. Dalton's Physiology and the Dublin Lying-in Hospital Report; and after pouring out unlimited praise upon the former, to which I have not the slightest objection, he proceeds to criticise the latter in a sneering, I might almost say, insulting manner.

He begins by stating, that although full of facts which make it valuable, "one cannot fail to see that the words are imperfectly made." I am at a loss to understand what the gentleman means by "making words." A little further on he says: "Every page is full of errors in diction, which no English scholar can have patience with, and which *is* not to be excused as an Hibernicism, as the introduction would lead us to suppose."

If you will take the trouble, gentlemen, to examine the grammatical construction of the above sentence, you will at once perceive

what an accomplished "English scholar" your Boston correspondent is, and how competent such a gentleman is to criticise the errors which he says are to be found in the Dublin Lying-in Hospital Report.

"I have just finished the reading of two books," writes C. E. B. in the beginning of his letter: while again he says,—"*We* cannot help thinking that this case of convulsions was hysterical, while at the same time we feel that the observer has only left out something which made him know the contrary." C. E. B. would do well to bear in mind for the future the old saying, that "stones should never be thrown by those who live in glass houses." Your correspondent next begins to talk about ergot, and trembles at chloroform.

"One feels, too, with such meagre accounts, that ergot was often unnecessarily administered, and he trembles at the constant mention of chloroform." Here then is a book "full of errors in diction," reports inaccurately made, "meagre accounts," &c., and yet "of value to the profession."

Will C. E. B. be good enough to inform me how he managed to arrive at such a conclusion? Before attempting to criticise such a work, your Boston friend should have rubbed the scales of prejudice from his eyes; had he done so, I am confident that he would have had a very different tale to tell. It is a well-known fact, that the gentleman who fills the office of Master in the Dublin Lying-in Hospital is imperatively required to be not only an accurate observer, but an accomplished scholar. I think, therefore, that the "errors in diction," as well as the "meagre accounts," are somewhat mythical. However, be this as it may, there was not the slightest occasion for your correspondent's sneer at "Hibernicism." Such language, to say the least, is very unbecoming, and very much out of place in a letter intended for publication in a journal devoted to medical science.

Trusting that you will give this letter a place in your journal, and that you will pardon me for thus trespassing upon your time and attention, I have the honor to be, gentlemen,

Your obedient servant,

WILLIAM FLYNN, M. D.,
17 N. Nineteenth st.

Incompatibles. — The *Congregationalist* says that a little boy, at Haverhill, died of "*Croup* in its worst form," while *singing* a hymn!

Periscope.

New Method of Treating Deformities from Fractures.—The *Chicago Medical Journal*, February, contains an article on this subject, by Dr. Daniel Brainard, originally addressed to the Society of Surgery of Paris.

The method proposed consists in *weakening the bone by subcutaneous perforation, and causing it to soften by inflammation thus excited*, and then straightening it by force applied gradually or suddenly by the hands, at some period afterward.

The propriety of the operation was inferred from the results of some experiments on living animals.

The only case treated in this manner was that of a boy aged three years, who received a fracture of the leg from a fall when he was three months old, which was left to shorten without any treatment. At the time of the operation the leg was three inches shorter than the other, presenting an angularity forward, and the lower part of the tibia rested upon the dorsum of the foot. A perforator one fourth of an inch in breadth was passed in two different directions through the tibia at the point of fracture, but a single puncture being made through the skin. After the perforator was withdrawn, a piece of adhesive plaster was placed upon the puncture, and a light bandage placed around the limb. An attempt was then made to rupture the callus, with the hands of the operator, but after the use of as much force as was considered safe, it was found to be entirely unyielding. Some inflammation followed without suppuration, and at the end of ten days another effort to straighten the leg was made. At that time a very moderate degree of force, applied by the hands, was sufficient to cause the callus to yield. The limb was then placed on a carved splint, with foot piece, and a roller drawn as tightly as could be borne across the projecting angle. At the end of four weeks the limb was straight, with but slight overlapping of fragments, and the cure complete.

Dr. Brainard states that by perforation and the inflammation thence resulting, bones may be so much weakened as to be bent and partially broken, like stems of green wood, with the application of but little force.

A bill to remove the Quarantine Hospitals from Staten Island is now before the New York Legislature, and it is thought will be adopted.

FOREIGN TRANSLATIONS.

By THEODORE A. DEMMÉ, M. D.

Herba Agrimoniæ for diseases of the Mouth and Fauces.—This herb is recommended by Feichtmann as being peculiarly serviceable in a class of diseases which is very apt to try the patience of both physician and invalid.

In certain individuals there is a tendency, which is particularly excited after fatiguing speaking or singing, to irritation and inflammation of the fauces: the sense of dryness and soreness in the part, the accompanying cough and the great tendency of this condition to become fixed and habitual, demand a prompt and efficacious treatment. For this purpose, the herba agrimoniæ is introduced to the notice of the profession: A strong decoction, ℥ss of the herb to f℥ xii of water, boiled down to f℥ viii, should be used as a gargle every hour.

There are in the United States two species of Agrimonia, both of which are very abundant, the A. eupatoria and A. parviflora. The former is no doubt the one that is referred to by the author.

Local application of the Chlorate of Potash.—M. Millon, as the result of great experience, entertains the opinion that the process of cicatrization is greatly promoted by the external use of the chlorate of potash.

Not only is it beneficial in wounds, in which it promptly arrests too rapid a suppuration, and destroys any odor of putrefaction, but it exercises an emphatically curative action in varicose ulcers, hospital gangrene, and even over cancerous ulcerations a favorable influence is exerted.

The modus applicandi is very simple; charpie wet with a saturated solution of the chlorate is laid upon the part and renewed two or three times a day; silk oil-cloth should be placed over the charpie to retain the moisture.

At first the application causes much pain, which, however, in the course of 15 or 30 minutes, disappears.

Chromate of Potash for Warts.—Dr. Blaschko speaks in very high terms of the above application of the chromate of potash.

It is slow but certain in its effect, destroying the wart in from three to four weeks.

℞ Potassæ chloratis gr. ij.
Adipis ℥j.

To be applied morning and evening.

Local application of Hydrochloric Acid.—Prof. Kletzinsky, after careful investigation of the local effects of hydrochloric acid, announces that it increases the cutaneous respiratory activity, and stimulates the capillaries and lymphatics. He deduces the following applications:

1. In frost-bite, both as a cure and prophylatic: it overcomes the stagnation in the capillaries.

2. In excessive perspiration of the hands and feet.

3. In many diseases of the skin, particularly in follicular acne.

4. In removing callosity, thickening and discolorations of the skin: it may be regarded as an invaluable cosmetic.

At first the acid should be applied much diluted, the strength gradually increased.

It may be diluted with water or glycerine.

Medical News.

APPOINTMENT.—At a meeting of the Managers of the Pennsylvania Hospital on Monday last, Dr. John Forsyth Meigs was elected one of the physicians to the Institution, in place of Dr. W. Pepper, resigned. As already an eminent and accomplished physician with industry and intelligence, this opportunity for hospital observation will be appreciated by him and the appointment will prove creditable to the Institution.

Anæsthesia.—The following preamble and resolutions were unanimously passed at the meeting of the Medical Society of the city of Hartford, on Monday evening, Feb. 7, 1859.

We understand that it is the intention of the Society to bring the subject to the notice of the American Medical Association at its next meeting.

"In view of the former and more recently renewed attempts to deprive the late Dr. Horace Wells, of this city, and his family, of the honor and any reward which might be given them for the discovery and development of the principle of anæsthesia as applied to surgery; and in view also of the efforts made and making to induce unreflecting yet generous individuals to pecuniarily recompense other claimants, we, the Medical Society of the city of Hartford, many of whose members were personally acquainted with Dr. Wells, participated in his experiments, and were conversant with the

facts from the first, feel it our duty to pass the following resolutions:

Resolved, That having examined the testimony which has been presented in favor of the claims of Dr. Horace Wells, that he originated the idea, and was the first effectually to demonstrate the practicability of inducing a state of insensibility for surgical purposes, by the use of substances inhaled, we feel assured that such was indisputably the fact, and that to withhold from Dr. Wells the credit of this discovery, which he generously gave to the world without fee or reward, is unjust and dishonorable.

Resolved, That to bestow pecuniary recompense or honors of any description upon those not entitled to such testimonials, to the neglect of the deserving, is a discouragement to virtuous action, and we entreat all who are besought to contribute to other claimants than Dr. Wells, that they candidly examine both sides of the question, believing that if this is done, the cause of truth, which has labored heretofore under many discouragements, will triumphantly vindicate itself.

Resolved, That we consider it unworthy any member of an honorable profession, that he should support claims for a patented article, while Horace Wells nearly two years before proclaimed the discovery of the principle of anæsthesia, demonstrated its power, gave it freely to the world, and at Boston, in the very amphitheatre of the medical school, urged its use upon the medical faculty.

Resolved, That the pamphlet called "Anæsthesia," or the testimony upon the subject, arranged by the Hon. Truman Smith, collected from a multitude of our fellow citizens of the highest respectability, is a most satisfactory defence of Dr. Wells' claim, and to it we would refer any who are in doubt as to the rightful discoverer of the aforesaid principle, believing no unprejudiced person can arise from its perusal with other views than those held by this Society.

Resolved, That the thanks of this Society be given to the Hon. Truman Smith for his able, honest and zealous defence of the truth, and for his aforesaid work on anæsthesia, a work which deserves the thanks of the whole profession and of every lover of justice.

Resloved, That in approving the foregoing resolutions, we are in no way actuated by any other motive than that desire for truth which should always govern our profession; that the desire of establishing the claim of Dr. Wells for the aforesaid discovery, does not arise from the fact that he was a resident of our city, or that this discovery reflects honor upon it; but we feel that this defence is a solemn duty devolving upon us as a medical body, for on whom should it fall unless upon those personally, and best acquainted with all the circumstances of the case, who witnessed the birth of the great idea, and watched its full development.

Resolved, That a copy of these resolutions be transmitted to the Hon. Truman Smith, and that they be inserted in the daily papers of this city. O. E. FULLER, *Clerk.*"

The Medical Board of Bellevue Hospital, New York, have awarded the Wood and Elliott prizes for the best specimens of anatomical preparations, as follows: The first prize of $50 to M. Mariano C. de Socarras, of the University School, for a male pelvis; the second prize of $25 to Mr. J. B. Bromly of Connecticut, of the New York Medical College, for a section of the human frame displaying the blood-vessels and nerves; the third—the Elliott—prize of $50, was awarded to Mr. Edwin Addison Hervey, of Bentley, N. Y., a student of the University, for a female pelvis.

Commencements.—The Dental College of this city sets the ball rolling this year. It held its annual commencement on the 1st instant, when twenty-five young gentlemen received the degree of Doctor in Dental Science —D.D.S. The valedictory, delivered by Dr. J. H. McQuillen, was able and appropriate to the occasion. The class this session has numbered about fifty.

On Wednesday March 2d, the commencement of the Philadelphia College of Medicine was held, on which occasion seventeen young gentlemen had the title of M. D. conferred upon them. Dr. J. A. Meigs delivered an eloquent valedictory before a large and respectable audience.

The commencements of the other colleges will be held as follows:—that of the Pennsylvania, to-day, March 5th; of the Jefferson Medical College, on Tuesday the 15th; and of the University, on Thursday the 17th.

The commencement of the New York Medical College was held on Tuesday evening, March 1st. The degree of Doctor of Medicine was conferred by Dr. Horace Green, the President of the Faculty, on twenty-five graduates. Prizes for the best theses were awarded to Messrs. Hugo Stangenwald, of the Sandwich Islands, and Edward S. Dunster, of New York.

MARRIAGES.

MICHAEL.—STRICKLER.—In Greencastle, Franklin Co., Pa., Feb. 22d, Snively Strickler, Esq., to Miss Helen Josephine, daughter of Dr. Charles Michael.

NOYES.—In New York, March 1st, by Rev. Dr. Osgood, Dr. James O. Noyes to Miss Kate A. Flint.

DEATHS.

COATES.—In Batavia, N. Y., Feb. 26th, John B. Coates, M. D., an eminent physician and surgeon, of forty-two years practice.

TULLY.—In Springfield, Mass., Wm. Tully, M. D., formerly Prof. of Materia Medica and Therapeutics, in the Medical Department of Yale College, New Haven, and author of a learned treatise on that branch of Medical Science.

We invite the attention of the Medical Profession of this country to the department in the REPORTER of ORIGINAL COMMUNICATIONS.

Articles on all subjects of general medical interest, essays, scientific investigations, details of cases, necrological notices, medical news, etc., will be received from every locality.

The original character of the REPORTER has popularized it with unprecedented rapidity over the whole Union, and as its contents will continue to be almost entirely original, we offer it as the most available and prompt means of spreading before the American Medical Profession everything deserving their general attention.

D. W. KOLBE,

SURGICAL INSTRUMENT MAKER,

32 SOUTH NINTH STREET,

Two doors above Chestnut,

PHILADELPHIA.

Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D,, Professor of Obstetrics, University of Pennsylvania.
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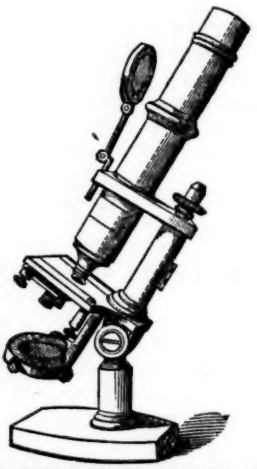

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